

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN **APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention TOUGHER, SOFTER NONWOVEN SHEET PRODUCT										
As the below named inventor(s), I/we declare that:										
This declaration is directed to:										
	☐ The attached application, or									
	Application No. 10,080,800, filed on <u>FEBRUARY 22, 2002</u> ,									
	as amended on (if applicable);									
I/we believe that which a patent is	I/we am/are the original and first inventor(s) of the subject matter which is claimed and for sought;									
	ed and understand the contents of the above-identified application, including the claims, as imendment specifically referred to above;									
to me/us to be ma available between	the duty to disclose to the United States Patent and Trademark Office all information known terial to patentability as defined in 37 CFR 1.56, including material information which became the filing date of the prior application and the National or PCT International filing date of the trapplication, if applicable; and									
are believed to be statements and to	de herein of my/own knowledge are true, all statements made herein on information and belief e true, and further that these statements were made with the knowledge that willful false he like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may dity of the application or any patent issuing thereon.									
FULL NAME OF	NVENTOR(S)									
Inventor one:	DIDIER DECKER									
Signature:	Citizen of: FRANCE									
Inventor two:	JOSEPH R. GUCKERT									
Signature:	Jany Nout Citizen of: UNITED STATES									
inventor three:	BRIAN P. LITTLE									
Signature:	Citizen of: UNITED STATES									
Signature: Inventor four:	Citizen of: UNITED STATES ROBERT ANTHONY MARIN									
Inventor four:										

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chlef Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION

ADDITIONAL INVENTOR(S) **Supplemental Sheet** Page <u>2</u> of <u>3</u>

Name of Additional Joint Inventor, if any:						
Given Name (first and middle [if any])			1			
Civer italia (mot and image (ii arry))			Family Name or Surname			
LARRY R.					MARSHALL	
inventor's Signature	<u> </u>	Harn	My		Date 5/14/02	
Residence: City CHESTERFIELD	Sta	te VA	Count	ry USA	Citizenship UNITED STATES	
Mailing Address 11318 LAUREL	COVE L	ANE				
Mailing Address						
City CHESTERFIELD	State	VA	ZIP	23838	Country USA	
Name of Additional Joint Inventor, i	f any:		A	petition has bee	n filed for this unsigned inventor	
Given Name (first and midd	e [if any])			Fami	ily Name or Surname	
SUBHRA K.			NATH			
Inventor's Subha k	. 2	CIÈ	Date 5/14/02			
Residence: City MIDLOTHIAN	Sta	te VA	Country USA Citizenship UNITED STATE			
Malling Address 14406 WOODS	WALK L	ANE				
Mailing Address						
City MIDLOTHIAN	State	VA	ZIP	ZIP 23112 Country USA		
Name of Additional Joint Inventor, i	fany:		☐ A petition has been filed for this unsigned inventor			
Given Name (first and midd	e [if any])		Family Name or Surname			
NICO			SCHMIT			
Inventor's Signature		1			Date 05/04/02	
Residence: City GREVENMACHER State			Country LUXEMBOURG CitIzenship LUXEMBOURG			
Malling Address 38, RUE DES CAVES						
Mailing Address						
City GREVENMACHER	State		ZIP	L-6718	Country LUXEMBOURG	

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ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any:			A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname				
CHARLES STEPHE	N			SCH	HWARTZ		
Inventor's Faye M. Schwar Signature Charles Steph	1318	Schuar	Date May 30, 2002				
Residence: City RICHMOND	Sta	ite VA	Country USA		Citizenship UNITED STATES		
Mailing Address APARTMENT A	, 7401 N	EWBYS CRO	SSING DRIVE				
Mailing Address							
City RICHMOND	State	VA	ZIP 23235	Co	untry USA		
Name of Additional Joint Inventor, if	any:		☐ A petition has	been filed	d for this unsigned inventor		
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Inventor's Signature					Date		
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Name of Additional Joint Inventor, it	fany:		A petition has been filed for this unsigned inventor				
Given Name (first and midd)	e [if any])	Family Name or Surname				
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Residence: City State			Country	Country Citizenship			
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PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/080,800	Ca
Filing Date	FEBRUARY 22, 2002	200
First Named Inventor	DIDIER DECKER ET AL.	A/V
Title	TOUGHER, SOFTER NONWOVEN SHEET PRODUCT	1
Group Art Unit	UNKNOWN	
Examiner Name	UNKNOWN	
Attorney Docket Number	TK3720USNA	

I hereby appo ☑ Practition		tomer Number	23906		
OR					PATENT TRADEMARK OFFICE
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Examiner Name	UNKNOWN	
Attornov Docket Number	TK3720USNA	

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Name JOSEPH R. GUCKERT			
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Examiner Name	UNKNOWN	
Attorney Docket Number	TK3720USNA	

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Name BRIAN P. LITTLE			
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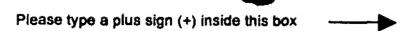
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Title	TOUGHER, SOFTER NONWOVEN SHEET PRODUCT
Group Art Unit	UNKNOWN
Examiner Name	UNKNOWN
Attorney Docket Number	TK3720USNA

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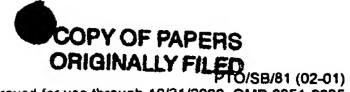


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Examiner Name	UNKNOWN	
Attorney Docket Number	TK3720USNA	

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Group Art Unit	UNKNOWN	
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Applica	int/Inventor.			
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Name	NICO SCHMIT			
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	le forms if more than one	•		

PTO/SB/81 (02-01)

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Examiner Name	UNKNOWN	
Attorney Docket Number	TK3720USNA	

I hereby appoint: ☐ Practitioners at Cus	stomer Number 23906	_	
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COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH

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	fil and the second seco	Charles Ste	phen	Schwartz		15731
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sign medical certification (item 28) and return both copies to funeral director as soon as possible after determination of cause.	to immediate cause. Enter UNDE CAUSE (Disease or injury that is events resulting in death) Land PART II. Other significant conditions are conditionally as the condition of the	ERLYING DUE TO (OR AS A CONSINITIATED AST (C) ions contributing to death but not resulting in Consider Consid	USE. IT WAS 28d. (DESCRIBE HOW INJURY R	RELATING TO DEATH OCCURR	AUTHORIZED BY:
sign medical certification (item 28) and return both copies to funeral director as soon as possible after determination of cause.	to immediate cause. Enter UNDE CAUSE (Disease or injury that is events resulting in death) Land PART II. Other significant conditions are conditionally as the condition of the	ERLYING DUE TO (OR AS A CONSINITIATED AST (C) ions contributing to death but not resulting in CONSINITIAN CALL PRIMARY (C) or CONSINITIAN CALL PRIMARY (C) OR CONSINITIAN CO	USE. IT WAS 28d. CONTRIBUTING C		RELATING TO DEATH OCCURR	AUTHORIZED BY:
sign medical certification (item 28) and return both copies to funeral director as soon as possible after determination of cause.	to immediate cause. Enter UNDE CAUSE (Disease or injury that is events resulting in death) Land PART II. Other significant conditions are conditionally as the condition of the	ERLYING DUE TO (OR AS A CONSINITIATED AST (C) ions contributing to death but not resulting in contributing in contributing to death but not resulting in contributing in co	USE. IT WAS 28d. CONTRIBUTING C	DESCRIBE HOW INJURY R	RELATING TO DEATH OCCURR	AUTHORIZED BY:
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sign medical certification (item 28) and return both copies to funeral director as soon as possible after determination of cause.	to immediate cause. Enter UNDE CAUSE (Disease or injury that is events resulting in death) Life PART II. Other significant conditions are also as a significant condition of the past 3 Months? yes no u 28e. TIME OF INJURY (mo.) A.M. P.M. 28i. To the best of my knowledge, death	ERLYING DUE TO (OR AS A CONSINITIATED AST (C) ions contributing to death but not resulting in contributing to death but not resulting in contribution and contribution or contribution or contribution (day) (year) 281. INJURY OCCURRING white at work	USE. IT WAS 28d. (DITRIBUTING CO.) ED 28g. (DITRIBUTING CO.)	DESCRIBE HOW INJURY R	farm. 28h. (city or town)	AUTHORIZED BY:
sign medical certification (item 28) and return both copies to funeral director as soon as possible after determination of cause.	to immediate cause. Enter UNDE CAUSE (Disease or injury that is events resulting in death) Life PART II. Other significant conditions are supported by the significant conditions of the best of my knowledge, described by the best of my knowledge.	ERLYING DUE TO (OR AS A CONSINITIATED AST (C) ions contributing to death but not resulting in contributing in contributing to death but not resulting in contributing in co	USE. IT WAS 28d. (DITRIBUTING CO.) ED 28g. (DITRIBUTING CO.)	PLACE OF INJURY (home, factory, street, office pldg., e	larm. 28h. (city or town etc.)	AUTHORIZED BY:
sign medical certification (item 28) and return both copies to funeral director as soon as possible after determination of cause.	to immediate cause. Enter UNDE CAUSE (Disease or injury that is events resulting in death) Life PART II. Other significant conditions are also as a significant condition of the past 3 Months? yes no u 28e. TIME OF INJURY (mo.) A.M. P.M. 28i. To the best of my knowledge, death	ERLYING DUE TO (OR AS A CONSINITIATED AST (C) ions contributing to death but not resulting in contributing in contributing to death but not resulting in contributing in co	USE. IT WAS 28d. (DITRIBUTING CO.) ED 28g. (DITRIBUTING CO.)	PLACE OF INJURY (home, factory, street, office pldg., e	larm. 28h. (city or town etc.)	AUTHORIZED BY: (county) ate and place and from the cause)
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sign medical certification (tem 28) and return both copies to funeral streeter as soon as possible after determination of cause. NOTE: if "Pending" must be indicated, so state in part 1 and notify egistrar of final speciation as soon as possible.	to immediate cause. Enter UNDE CAUSE (Disease or injury that is events resulting in death) Life events resulting in death) Life PART II. Other significant conditions are significant conditions. If FEMALE, WAS THERE A PRINT PAST 3 MONTHS? yes no use a second of the past of my knowledge, death actual signature. NAME OF ATTENDING PHYSICIAN (Conditions). To the best of my knowledge, death actual signature. NAME OF ATTENDING PHYSICIAN (Conditions).	ERLYING DUE TO (OR AS A CONSINITIATION OF BURIAL, REMOVAL, ETC.	the underlying cause given of the un	PLACE OF INJURY (home, factory, street, office bldg., e	TDATE SIGNED: SPHYSICIAN City or town	AUTHORIZED BY: (county) (county) (county)
sign medical certification (item 28) and return both copies to funeral streeters as soon as possible after determination of cause.	to immediate cause. Enter UNDE CAUSE (Disease or injury that is events resulting in death) Land PART II. Other significant conditions are supported by the significant conditions of the past 3 months? yes no use the past of the best of my knowledge, described by the past of the pas	ERLYING DUE TO (OR AS A CONSINITIATION OF BURIAL, REMOVAL, ETC.	USE. IT WAS DISTRIBUTING DED 28g. 1 at work Description 28g. 1	PLACE OF INJURY (home, factory, street, office pldg., e	Iarm. 28h. (city or town etc.)	AUTHORIZED BY: (county) ate and place and from the cause (A) A - 230 (county) terfield
sign medical certification (item 28) and return both copies to funeral streeters as soon as possible after determination of cause.	to immediate cause. Enter UNDE CAUSE (Disease or injury that is events resulting in death) Land PART II. Other significant conditions are supported by the significant conditions of the past 3 months? yes no use the past of the best of my knowledge, described by the past of the pas	ERLYING DUE TO (OR AS A CONSINITIATION OF BURIAL, REMOVAL, ETC.	the underlying cause given of the un	PLACE OF INJURY (home, factory, street, office bldg., e	Iarm. 28h. (city or town etc.)	AUTHORIZED BY: (county) ate and place and from the cause of county) terfield ley Co.
sign medical certification (item 28) and return both copies to funeral streeters as soon as possible after determination of cause.	to immediate cause. Enter UNDE CAUSE (Disease or injury that is events resulting in death) Land PART II. Other significant conditions are supported by the significant conditions of the past 3 months? yes no use the past of the best of my knowledge, described by the past of the pas	ERLYING DUE TO (OR AS A CONSINITIATION OF BURIAL, REMOVAL, ETC.	the underlying cause given in use. IT was partitioned at work 28d. (name of a Dale Memori	ADDRESS OF ATTENDING Cemetery or crematory) al Park NAME OF FUNERAL HOME AND ADDRESS: POB DATE RECORD	Iarm. 28h. (city or town etc.)	AUTHORIZED BY: (county) ate and place and from the cause (A) A - 230 (county) terfield
sign medical certification (item 28) and return both copies to funeral director as soon as possible after determination of cause.	to immediate cause. Enter UNDE CAUSE (Disease or injury that is events resulting in death) Life events resulting in death) Life PART II. Other significant conditions are significant conditions. 28b. IF FEMALE, WAS THERE A PRINT IN PAST 3 MONTHS? yes no under the past of months are significant (mo.) A.M. P.M. 28i. To the best of my knowledge, death actual signature NAME OF ATTENDING PHYSICIAN (mo.) 29. BURIAL REMOVAL	ERLYING DUE TO (OR AS A CONSINITIATION OF BURIAL, REMOVAL, ETC.	the underlying cause given in use. IT was partitioned at work 28d. (name of a Dale Memori	PLACE OF INJURY (home, factory, street, office bldg., expenses of attending place) ADDRESS OF ATTENDING PLACE PLACE of Injury (home, and and and and and and address: P O Bott Record	(city or Chestox 6267, Rich	AUTHORIZED BY: (county) ate and place and from the cause of county) terfield ley Co.
sign medical certification (item 28) and return both copies to funeral director as soon as possible after determination of cause.	to immediate cause. Enter UNDE CAUSE (Disease or injury that is events resulting in death) Life events resulting in death) Life PART II. Other significant conditions are significant conditions. 28b. IF FEMALE, WAS THERE A PRINT IN PAST 3 MONTHS? yes no under the past of months are significant (mo.) A.M. P.M. 28i. To the best of my knowledge, death actual signature NAME OF ATTENDING PHYSICIAN (mo.) 29. BURIAL REMOVAL	ERLYING DUE TO (OR AS A CONSINITIATION OF BURIAL, REMOVAL, ETC.	the underlying cause given in use. IT was partitioned at work 28d. (name of a Dale Memori	ADDRESS OF ATTENDING Cemetery or crematory) al Park NAME OF FUNERAL HOME AND ADDRESS: POB DATE RECORD	(city or Chestox 6267, Rich	AUTHORIZED BY: (county) ate and place and from the cause of county) terfield ley Co.

THIS IS TO CERTIFY THAT FILED WITH THE RICHMOND	THIS IS A TRUE AND CORRECT CITY DEPARTMENT OF HEALTH, 1 0 2002	REPRODUCTION OF THE ORIGINAL RICHMOND, VIRGINIA.	RECORD
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ORIGINALLY FILED

CLERK'S OFFICE

OF THE

Circuit Court of Chesterfield County, Virginia

This is to certify that on May 17, 2002, Faye N. Schwartz qualified before the Clerk of the Circuit Court of Chesterfield County as Administratrix of the estate of Charles Stephen Schwartz, DECEASED, and gave bond as such in the amount of \$24,000.00 and that her powers as such are in full force and effect.

Given under my hand and seal this day, May 17, 2002.

JUDY L. WORTHINGTON, Clerk

By:

Deputy Clerk

File #02 - 350 clr